

PAYMENT VOUCHER INPUT FORM

The Commonwealth of Massachusetts



Office of the Comptroller

Revision Date 8/22/95 by VG

Department/Organization Name

Document ID				PV Date	Acctg Prd	BFY
Trans	Dept	R/Org	Number			
Action: (E) (M)	Sch Pay Date	Off Liab Act	VENDOR'S CERTIFICATION I certify that the goods were shipped or the service rendered as set forth below. _____ (Please Sign In Ink)			
Ref Doc ID						

Vendor Name and Address

Document Total	Payment Ref Number	Vendor Code	Emp
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Reference Order	Line	Quantity	Description	Unit Price	Amount

REFERENCED DOC ID														
LN	Tran	Dept	R/Org	Number	Line	Dept	Approp	Sub	Org	S/Org	Obj	Prog	Ty	
Proj/Cl/Grc		Actv	Rptg	Fund	BS Acct	Payment Reference Number						Description		
MSA #	Line #	Disc	Dates of Service		Quantity	Line Amount				I/D	P/F			
			To											

TO THE COMPTROLLER OF THE COMMONWEALTH OF MASSACHUSETTS: I hereby certify under the penalties of perjury that all laws of the Commonwealth governing disbursements of public funds and the regulations thereof have been complied with and observed.												INSTRUCTIONS TO VENDORS <ul style="list-style-type: none"> Fill in shaded areas Direct inquires to state organization Retain goldenrod copy 	
Prepared By: _____ Title: _____ Date: _____ Entered By: _____ Title: _____ Date: _____ Page ____ Of ____													

The undersigned authorized signatory approving this document certifies that this document and any attachments are accurate and complete and comply with all applicable general and special laws and regulations.													
Approved By: _____				Title: _____				Date: _____		Phone #: _____			